

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <i>9.13.05</i>							SERIAL NO. <i>10-634,825</i>	FILING DATE				
							APPLICANT(S)					
							<b>CLAIMS</b>					
							<i>9.13.05</i>					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
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